

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. I.

LOUISVILLE, FEBRUARY 19, 1876.

No. 8.

## BENEFICIARY SCHOLARSHIPS.

It was formerly the custom for medical schools to give poor and deserving young men gratuitous instruction. The dean of the faculty alone was aware of the benefit conferred, and the beneficiary, enjoying every facility for acquiring an education, was spared the humiliation of having his poverty made public. The term beneficiary would imply a benefit conferred, and conveys the idea that by reason of poverty some of the number of students owe a debt of gratitude to their *alma mater* for instruction which was not paid for.

By an artfully contrived system of beneficiary scholarships modern medical schools are built up, and their benches are filled with students, each one with a certificate that he has the necessary requirements to entitle him to a beneficiary scholarship. In order that the profession may understand exactly how this is done, we produce here a copy of one of the innumerable certificates which are scattered broadcast over the country.

### LOUISVILLE MEDICAL COLLEGE.

LOUISVILLE, Ky., ..... 1875.

To the Honorable ..... Representative  
from ..... County:

DEAR SIR:—The enclosed certificate is herewith sent you. You will see that upon the receipt of this certificate, duly made out and signed by yourself as Representative of ..... County, of the State of ..... that any poor and deserving young man selected by you from your county will be entitled to the Beneficiary Scholarship awarded by the Trustees of the Louisville Medical College (Louisville, Ky.) to ..... County, of the State of .....

The officers of this College do you the justice to believe that you will, as early as possible after the receipt of this notification, endeavor to find in your

county some young man who, through yourself, can be thus materially aided and benefited. *It is respectfully suggested that an inquiry, over your official signature, published in the nearest newspaper, will enable you to confer this benefaction both promptly and appropriately. Your earliest possible attention is respectfully asked.*

The Faculty request that in giving a certificate, you will use the enclosed blank form, which has been adopted and sent to you for reasons so necessary and prudential as to render any explanation superfluous.

It is particularly asked that the receipt of this communication be acknowledged, and that, through the undersigned, the Trustees and Faculty of the College be afforded the earliest possible information as to the name and address of the young man selected by yourself for the Beneficiary Scholarship awarded to your county.

E. S. GAILLARD, M. D.,

Dean of the Faculty.

This, it will be seen, is addressed to the representative of — County, — State, and makes it the duty of that gentleman to hunt up—advertise for, if necessary—some deserving poor young man, so that he "may be enabled to confer the benefaction both promptly and appropriately." Having found the poor and deserving young man, the representative "promptly and appropriately" gives him the following:

### LOUISVILLE MEDICAL COLLEGE.

(LOUISVILLE, KY.)

*Certificate.*—Know all men by these presents, that the Trustees of this College having created, in perpetuity, one *Beneficiary Scholarship*, annually, for each County of the State of ..... in behalf of one deserving young man who is *pecuniarily unable to obtain a medical education*, that I, the Representative of ..... County, State of ..... do, in virtue of the power publicly conferred, select as a proper recipient of the *Beneficiary Scholarship* for said County .....

And that I do recommend him to the *Trustees and Faculty* of this College as, in all respects, worthy of the honor to be conferred upon him.

In Testimony Whereof, this *Official Certificate*, signed (as required) by myself, the Representative of ..... County, State of ..... is hereby awarded to the said ..... on this the .... day of ..... in the year of our Lord one thousand eight hundred and seventy-five.

.....  
Representative of ..... County, State of ... ..

It will be seen by this latter document that "the trustees of this college" have created in perpetuity "one beneficiary scholarship" annually for each county in every state; and unless one should be a "lightning calculator," it is an impossibility to do more than guess at the awful number of scholarships, created in "perpetuity" at that.

It will be seen that these certificates do not convey any other idea but that a benefaction has been conferred upon the fortunate recipient, and from the style of its getting up and the source from which it is received, he no doubt feels like one who has received an appointment to West Point; in fact, they have been happily termed "medical cadets." Unless the poor and deserving young man has seen an annual announcement of the school, he is in blissful ignorance that he will be at any expense beyond the purchase of text-books and board; that at any rate, being a beneficiary, his tickets will be furnished him at nominal rates. When he does see the announcement he will find his being poor and deserving will not exempt him from paying \$40 for his tickets, \$5 for matriculation, and \$10 for dissection. After association with his fellow-students he finds to his astonishment that they are all in the same category, each one having had a beneficiary scholarship "created in perpetuity" for his county. His search for one who has paid the full fees will be as fruitless as the search for the man who "struck Billy Patterson." He will find, however, some sons of physicians, who, "in compliance with the provisions of the time-honored Hippocratic oath (administered to all the graduates of this college before they are allowed to receive their diplomas), are not charged any

fee whatever for the professor's tickets, each one of them being accorded a beneficiary scholarship," but nevertheless have paid \$55. He will also find some "sons of clergymen, who are accorded the same privilege," who have also paid the same amount, and will wonder why he is called a "beneficiary."

In the announcement, under the caption "An Important Reply," occurs the following sentence: "It is said by many connected with the cheap-fee system in medical schools that the beneficiary provision in this college is but the adoption of cheap fees in disguise. To this we would answer in the language of the Scottish clergyman, who, after reading in the Bible, 'I have said in my haste all men are liars,' responded, 'David, ye are right, my mon.'"

But our poor and deserving young man, to whom so many privileges are "accorded," has not quite finished them all. "In accordance with the custom now generally adopted in the medical colleges of America and in Europe, there will be several private classes organized, and instructed in this institution. As a matter of course, the tuition fees for such private and additional teaching will (as is the case in all colleges) be separate and distinct from the regular fees of this college. It will be entirely optional with the students whether or not they will become members of these private classes."

Of course it is entirely optional; but our poor and deserving young friend will soon see that he had better raise the additional tuition fees, especially when a candidate for graduation. Gil Blas, while traveling through Spain, saw a hat and a rosary lying upon the roadside, and heard a plaintive voice saying, "In the name of the Holy Virgin, put some reals into the hat for a poor soldier." On looking up he saw a man sitting by the side of the road with a loaded musket, propped upon sticks, pointed at his head. It was entirely "optional" with him to contribute the alms, but it is needless to say that he did.

It does seem unnecessary for us to enter into any argument to convince professional readers of the evils of this system; it seems

too patent. It tends to destroy the independence of character of the future medical men of the country; to invite into the profession men who have no particular taste for it, but who are tempted by the privilege "accorded" (that is a good word!) to them for a cheap medical education. We are tempted, however, to make one comparison. After reading the annual announcement, with its list of high fees and its tempting beneficiary system, it reminds us of John Phoenix's terms for his paper: "Subscription for one year, \$10; but to facilitate clubbing we will send ten copies to one address for 50 cents."

#### PLEASE EXPLAIN THIS TO HIM.

In our first and fourth numbers we called attention to the fact that the Louisville-Kentucky School of Medicine *held two graduating courses in one year; that it graduated students of medicine in nine months, and presented each with two diplomas.* We also printed the curious confession contained in the announcement of the Kentucky attachment of that phenomenon, that "*any chartered institution which held two graduating courses in one year deserved to forfeit the confidence, respect, and support of the profession.*" A recent number of the American Medical Weekly, in whose interests the Louisville-Kentucky School seems to be published, tried to explain matters. This was done, it says, in the first instance to an astonished Kentucky graduate, and by his request the matter was published, with no reference, of course, to any remarks we had made. It says they have two charters and two sets of trustees, and the mere matter of every thing else being identical—building, apparatus, professors, money-interest, etc.—did not prevent them from being separate institutions.

Any one acquainted with the generosity of Kentucky (or, indeed, American) legislation, which will often grant for the asking charters for almost any privileges, except banking—one not liable to be wanted by

medical schools—can judge of the important part these documents play when issued for private interests, and represent no endowment. That of the much-abused Kentucky School appears and disappears in such a singular manner that it is hard to keep track of it. Trustees also are rather plentiful, and when no material trust is put in their charge their functions can not be very important. We will not be so unamiable as to illustrate this point by bringing up a case in practice which occurred in this city a year or two since. It is at least an open question whether these gentlemen connected with private institutions make faculties or the faculties make them. The fact is, hair-splitting is not to our fancy. We gave the matter of the Louisville-Kentucky combination a fair exposition some weeks ago. Up to date no direct answer has been received from parties interested. Our remarks at that time were prefatory only. We have a few more matters about the phenomenon to record. If these can be explained to the "old Kentucky graduate," who was so "astonished" before, we venture to predict that this time the ancient worthy will explode with wonder.

#### THE DEATH OF REVERDY JOHNSON.

We reprint the Associated Press dispatches giving the account of Reverdy Johnson's death. The number and severity of the wounds found upon his body resulting from an ordinary fall have given rise to much comment. It will be found that a theory has been presented by a competent medical witness. No reason for foul play has been intimated. There is the history of vertigo, and indeed its actual presence a short time before his body was found. Professional men are used to seeing extraordinary injuries from trivial causes, and persons escape comparatively unhurt after accidents which by all the rules of probability should have killed them a dozen times over; so that the amount of violence used is not always an exact measure of the mischief done. The

case of Reverdy Johnson, however, will be considered even by medical men an *extreme one*. Had there been any connecting circumstances, even though these were slight, which pointed to foul play, it might give rise to very interesting medico-legal speculations. Or, without intimating any thing so sensational, may he not have been struck by some passing vehicle? It was dark, and he was on a carriage-way, which, however, does not seem to have been an open one. Still, with due respect to Dr. Steiner, whose theory based upon vertigo could, no doubt, be in the main sustained, the order of sequence given to wounds is questionable. It is not likely that there could have been continued locomotion and struggle after the concussion which would have been caused by two such severe fractures of the skull.

"ANNAPOLIS, MD., February 10, 1876.

"Mr. Johnson came here last night to argue the case of Baker v. Freck, argued in the Court of Appeals to-day. By invitation of Governor Carroll he became his guest at the executive mansion. To-day the Governor invited Chief Justice Bartol, of this state, and several other gentlemen, to meet Mr. Johnson at dinner at the mansion.

"They dined about five o'clock P.M. At dinner Mr. Johnson appeared in excellent spirits and his usual health, and entertained the company by his conversation and relating anecdotes. At dinner he took one glass of Madeira, and refused to take any more. After dinner he suddenly asked the Governor to take him into the parlor. He took the Governor's arm, and walking in there sat down on the sofa. At the request of Mr. Johnson the Governor rejoined the guests at the table.

"Shortly after a servant appeared at the door, and beckoning the Governor out told him that Mr. Johnson was lying in the yard on the stones. Governor Carroll went immediately to the place, and found Mr. Johnson lying on the cobble-stone carriage-way that passes under the porch of the mansion, close up to the wall, and near a door leading into the basement. He had evidently gone down the front steps and around to the side of the house, and fallen where he was found.

"This was about 8:15 P.M., and the impression is that he had been there at least half an hour. He was then dead, and was bleeding profusely from wounds on the right side of his head and face. His body was at once removed into the basement room, and physicians summoned. Dr. Wm. G. Tuck was

the first to arrive, and, after examining the body, pronounced life extinct. Drs. Rediout and Claude arrived afterward.

"*There are large wounds on the right side of the forehead, two fractures of the skull from the upper portion of the forehead to the eyebrow, a dislocation of a finger of the right hand, and cuts on the hands and legs, and bruises.* The physicians are examining the body to discover the cause of death.

"Mr. Johnson would have been eighty years old next May.

"Dr. Lewis H. Steiner, State Senator from Frederick County, a distinguished physician and chief inspector of the sanitary commission in the army of the Potomac during the war, who examined the body shortly after it was found, gives the following as his theory of the cause of death:

"Mr. Johnson either stumbled over a piece of coal or, being seized with vertigo or incipient symptoms of apoplexy, and striving to save himself, moved toward the west, staggering along by the northerly side of the executive mansion. At each step his body gained additional momentum, so that having reached the door leading into the basement he swayed around to the south and fell, his head striking against the sharp corner of the granite case of the house, which gave the first wound on the head. Reaching the pavement of rough cobble-stones, a second wound was received in front of the first. At this instant probably the bones of the nose were fractured, and one joint of the second finger of the right hand was dislocated. Whether subsequent struggles may account for the abrasions on the knees and fingers of the left hand can not be positively asserted. The wounds in the scalp were accompanied with fractures of the external bones of the cranium and the base of the skull, also with probable rupture of some of the arteries of the base. Death must have resulted instantly.

"Mr. Gwynne, Attorney-general of State and son-in-law of Mr. Johnson, is of the opinion that he was seized with vertigo and fell, as he had a similar attack, lasting three hours, while attending a trial in South Carolina several years ago."

## Original.

### CASE OF FIBROID TUMOR OF PERINÆUM.

In October, 1875, through the kindness of Dr. W. T. Leachman, the following case was placed in our hands:

Miss A., aged about twenty-three years, a



seamstress by occupation, was suffering intensely from the presence of a tumor, which occupied the site of the perineal body, encroaching rather more upon the vagina than the rectum, and inducing symptoms almost identical with those of hemorrhoids.

The annoyance experienced was so great that the patient willingly submitted herself to surgical treatment. It was learned that she had suffered for a considerable period from pelvic disturbance induced by the prolonged use of the sewing-machine; that some months (eight) previous to her being placed in our care a disk pessary of hard rubber had been employed to meet the indication, but that its removal was necessitated after but a few days' use on account of the irritation of the floor of the pelvis caused by its presence. Shortly after the removal of the pessary an induration of the perineal body was noticed, and the tumor was shortly developed. Its growth was slow.

The patient having been profoundly etherized was placed in the *breech-back* position, and in the presence of Drs. Leachman and Berry, of Louisville, Dr. M. H. Jordan, of Alabama, and Surgeon J. F. Head, U. S. A., the operation was accomplished as follows: The vagina having been placed upon the stretch by the use of retractors, the fore finger of the left hand was introduced into the rectum, and by pressure applied behind the tumor its vaginal covering was placed strongly upon the stretch. An incision was carried along the raphé of the vagina to the extent of the tumor, and the vaginal covering was carefully dissected off. Traction made upon the tumor with the vulcella failing to break up the remaining attachments, the mass was removed by the knife. In accomplishing the last step of the operation the presence of the finger in the rectum was invaluable; for so close to the rectal wall was it necessary to carry dissection that the circular fibers were distinctly demonstrated. The slight hemorrhage which occurred was controlled by the application of cold sponges. But one point required torsion. The edges of the wound were approximated by silver

wires. Recovery took place without any unfavorable occurrence. The tumor was of the size of a hickory-nut, did not possess a distinct envelope, differed but in density and in color from the surrounding tissues, was distinctly an outgrowth from the sphincter ani, and its cause was undoubtedly to be found in the local irritation induced by the use of the pessary.

The case is considered of sufficient interest to be thus presented in detail from the comparative rarity of tumors, especially *fibroids*, in the locality occupied by that which has been narrated. The record of vaginal tumors is not large. By some authors the slightest reference is made to the subject, if in truth it be noted at all. In the limited library of reference at our command we find that but few cases have been recorded, none having as complete a history as the preceding, which presents several points of interest: 1. The location of the tumor; the majority of the authors unite in the opinion that fibroid tumors rarely form in the vaginal walls, especially the posterior. 2. The definite cause which could be assigned to the growth, presenting an additional objection to the employment of hard, unyielding, and cumbrous pessaries. 3. The facility with which the mass was removed, and the absence of any *sequelæ* to the operation which might have retarded convalescence.

ELY M'CLELLAN.

LOUISVILLE.

### STRANGULATED HERNIA—DEATH AFTER REDUCTION OF THE TUMOR.

BY ISAAC S. WARREN, M. D.

Henry Fry, aged twenty-seven, colored, had been the subject of a bubonocoele on the right side for the last five years, but till December 16, 1875, was never troubled with it sufficiently to wear a truss. On that day, while lifting hogs, the hernia became strangulated. Dr. S. B. Mills was called to see him, and reduced it in the ordinary way without much trouble, the reduction being followed by immediate relief. He was or-

dered a dose of morph. sulph., to be followed in the morning by a saline cathartic.

The next morning the salts which had been given had not acted, the patient suffering intense pain in the bowels, and especially around the umbilicus, with a tendency to hiccough. Dr. Mills examined the ruptured side, and found, as he supposed, no return of the hernia, as the skin could be invaginated over the external ring up to the internal, and concluded the patient suffered from the effects of severe nipping of the gut, or possibly had an intussusception, as no action could be produced either by purgatives or enemata.

December 19th Dr. M. asked me to see the case with him. The patient wore that distressed look so characteristic of one suffering from obstruction of the bowels. He was vomiting stercoraceous matter, and had a cold, clammy skin, weak pulse, and was in a condition bordering on collapse. Before examining the patient as thoroughly as I should I concluded the hernia had returned, as a lump still remained in the groin, but upon more careful examination found that the finger could be introduced into the canal, and that the lump was nothing but the pouch slightly inflamed. Still I believed there was a knuckle of intestine strangulated at the internal ring. The symptoms of a strangulated gut at the internal ring and an intussusception are about one and the same. Still considering the fact of the patient having had a hernia, I was not willing to believe the case one of intussusception. A rectal tube was introduced, and three quarts of warm salt water were thrown into the bowels without producing any amelioration of his symptoms.

I proposed to Dr. M. an operation, which he readily concurred in; but when we laid it before the patient and his friends they objected. Being at our rope's end, we could do nothing but rely upon morphia. This we gave freely.

After the operation was refused I did not see the case any more until after death; but Dr. M. tells me nothing more was done in

the way of treatment except giving opiates as the occasion required. Twenty-four hours before death the knuckle was released from its strangulation, and the patient had free and copious actions from the bowels, which were very offensive. Pills of camphor, opium, and creosote were ordered, with concentrated nourishment, to be given at regular intervals. December 23d he died.

The post mortem, fifteen hours after death, confirmed the diagnosis of a knuckle of intestine, which had been released when in a state approaching sphacelation. I attribute the release of the knuckle to the extreme collapse, and the cause of death to shock of the nervous system, as there was no evidence either of rupture of the bowel or peritonitis. The chief point of interest about the case is this: that an operation should have been performed; but as none was, no one is culpable but the friends of the patient and the patient himself.

LOUISVILLE.

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## Correspondence.

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### THE COFFEE QUESTION.

Professor Holland sends us the following communications, which he has received from members of the University class in answer to the inquiry he instituted, in No. 6 of this journal, in regard to the effects of coffee as a preventive for malarial diseases:

The country is low and marshy. There are a great many ponds, which hold water till the last of August. The prevailing diseases are intermittent and remittent fevers. I have been practicing in this locality for the past three years. The majority of the people are habitual coffee-drinkers, children as well as adults. I know many persons who drink from four to six cups per day of the strongest Rio coffee. I do not think it has any prophylactic effect, for I have found those families suffer as much from the malaria as persons who do not use coffee at all; but,

on the contrary, I think the children that have come under my notice that used coffee were more susceptible to the malarial influence. Those not using it seemed to be in better health generally, growing more rapidly, and having a ruddy, healthy color very much in contrast to many whom I know to be confirmed coffee-drinkers.

J. T. BAKER.

ROCKY HILL, KY.

I live in Ballard County, in this state, a county half surrounded by the Ohio River, and have practiced medicine in a locality nearly surrounded by lakes, shallow ponds, and swamps, and considered highly malarious, and for four years was a close observer of the habits of the people, and will give you a few facts as regards their coffee-drinking. It is the custom of nearly every adult to use large quantities. It is generally prepared by using as much (and often more) as a pint of the grain to the gallon of water, and not at all unusual for each member of the family to drink two large old-fashioned ironstone-ware cups of this mixture at each meal; the younger children, of course, not so much, but children are taught to drink it often before they are weaned; and it is considered as absolutely necessary that each and all shall have coffee to drink, whether they have milk or not.

I am unable to say whether it acts as a preventive of intermittents or not; but I can say with certainty that I drank the above-named quantities with impunity and relished it, and on moving to a more healthy region I did not crave it, and can not drink near the same amount without bad effects. It is considered highly beneficial during attacks of intermittents, and used in large quantities during the cold stage. Often as high as six cups of a stronger mixture are taken within a few hours, the effects being a copious perspiration.

Another habit I have noticed, though somewhat off the subject, is that the persons who drink large quantities of alcohol seldom have chills, though living in the midst of swamps.

W. P. HOWLE.

## CONGENITAL ABSENCE OF THE UTERUS.

I was called to Lucy M., of California, on January 10th, 1876; age twenty-eight years; married three years. She was then suffering from malarial trouble, which was controlled by quinine. During my second visit my attention was called to the fact that she had never menstruated. From this I pushed my inquiry, and requested an examination on the following morning, which I did, and found the vagina about three inches in length and ending in a sort of cul-de-sac. The speculum was then introduced with great difficulty, and *no os could be found*, not even any trace of the same. Thinking the case one of interest, I requested Dr. H. to call and see her with me. He did so, and found the same condition of affairs. At my next visit she stated to me that she had never had any sexual desire. Her breasts were well developed, and her form even beyond that of the usual cast.

I made another visit, and examined both by rectal and vaginal touch, and still the case seemed as well marked as could possibly be. A great many other inquiries were made which I will not mention; but I think I have sufficient data to establish my case as one of "congenital absence of uterus."

C. C. LEWIS.

OWENSBORO, KY.

## A CURIOUS CASE OF FRACTURE.

Every physician or surgeon during a long life of practice meets with many anomalous and sometimes amazing cases. The following, which took place some twenty years ago at Memphis, Tenn., is to the point:

Two local editors had a slight "unpleasantness" in the editorial rooms, when one gave the other a blow in the face, inflicting what was supposed to be a serious wound. I was hastily summoned, the messenger stating that Mr. R. had been struck in the face, fracturing his lower jaw, and that the ends of the bones could be felt "sticking out." I was with the sufferer in a few minutes

(who, by the way, had thick, bushy whiskers), and on examination found that what was supposed to be the ends of the bone previously felt through the whiskers was in reality the top end of a common cedar pencil protruding from the skin about two inches. It had penetrated the left side of the neck about two inches from the apex of pomum Adamum, passing just below the hyoid bone. On withdrawing the pencil I found that it had penetrated four and a half inches, the point having grazed the left side of the spine. When removed the pencil was found to be six and a half inches long, with an unbroken point. No unpleasant symptoms followed. The reconciliation was as rapid as the cure.

C. S. FENNER.

### Selections.

**WARBURG'S TINCTURE.**—This antipyretic remedy, which has attained much celebrity, and the composition of which was kept secret, has just been made public in a paper by Prof. Maclean, of the Netley Medical School, published in the Medical Times and Gazette of November 13, 1875. "It will be seen," says Prof. Maclean, "that quinine is the most important ingredient in the formula, each ounce-bottle containing nine grains and a half of the alkaloid. Its presence has been detected by every chemist who has attempted its analysis, and never doubted by any medical man of experience who has used the tincture. Many will say, 'After all this vaunted remedy is only quinine concealed in a farrago of inert substances for purposes of mystification.' To this objection my answer is: I have treated remittent fevers of every degree of severity, contracted in the jungles of the Deccan and Mysore, at the base of mountain ranges in India, on the Coromandel coast, in the pestilential highlands of the Northern Division of the Madras Presidency, on the malarial rivers of China, and in men brought to Netley Hospital from the swamps of the Gold Coast, and I affirm that I have never seen quinine when given alone act in the manner characteristic of this tincture. And, although I yield to no one in my high opinion of the inestimable value of quinine, I have never seen a single dose of it given alone, to the extent of nine grains and a half, suffice to arrest an exacerbation of remittent fever, much less prevent its recurrence; while nothing is more common than to see the same quantity of the alkalo-

loid in Warburg's tincture bring about both results." The following is the formula for its preparation: Aloes (Socotr.), one pound; rad. rhei (E. India), sem. angelicæ, confect. fect. damocratis (London Pharm., 1746), each four ounces; rad. helenii (s. enulæ), croci sativi, sem. fenicul., cret. præparat. (corrective), each two ounces; rad. gentianæ, rad. zedoariæ, pip. cubeb., myrrh. elect., camphor, bolet. laricis (P. officinalis, Boletus purgans or Larch agaric; "formerly," says Pereira, "used as a drastic purgative, and still kept up by the herbalist"), each one ounce. The above ingredients are to be digested with five hundred ounces proof spirits in a water-bath for twelve hours; then expressed, and add ten ounces of disulphate of quinine; the mixture to be replaced into the water-bath till all quinine be dissolved. The liquor, when cool, is to be filtered, and is then fit for use. The mode of administering it is as follows: "One half ounce (half a bottle) is given alone, without dilution, after the bowels have been evacuated by any convenient purgative, all drink being withheld. In three hours the other half of the bottle is administered in the same way. Soon afterward, particularly in hot climates, profuse but seldom exhausting perspiration is produced. This has a strong aromatic odor, which I have often detected about the patient and his room on the following day. With this there is a rapid decline of temperature, immediate abatement of frontal headache—in a word, complete desferescence—and it seldom happens that a second bottle is required; if so, the dose must be repeated as above. In very adynamic cases, if the sweating threatens to prove exhausting, nourishment in the shape of beef-tea, with the addition of Liebig's extract, and some wine or brandy of good quality may be required."—*Amer. Jour. of the Med. Sciences.*

**HYDRATE OF CHLORAL IN LABOR.**—Dr. C. A. Prentiss, of Greenfield, Mo., contributes (*Amer. Jour. of the Medical Sciences*) the following evidence in favor of chloral in parturition: "It is a grave error to expect that chloral will relieve all the pain of labor when administered in such doses as will at all times be safe. There is an amount of false pain accompanying labor which is very tormenting to patients and not in any degree to their advantage. To relieve this was my object in giving chloral in the first instance; but after trial in many cases I can report the following effects which I have observed: 1. A quiet and tranquil state of mind; 2. Abridgment of the duration and modification of the severity of each pain; 3. Pleasant and refreshing sleep in the interval of pain; 4. Relaxation of the os and consequent abridgment of the duration of labor. I have attended patients who were very nervous and excited by their forebodings of a serious termination, who in thirty minutes abandoned all such thoughts and indulged



in brighter and better hopes. Chloral modifies the severity of the pains and limits their duration to the time the uterus is actually in contraction. Every practitioner has, no doubt, observed many cases in which the pain continues after the active contraction ceases and the os softens. This is what I have characterized as 'false pain.' I have frequently witnessed patients very much exhausted by the suffering in some cases of protracted labor refreshed and their strength restored by pleasant naps in the intervals of pain. I was called to attend a lady who had been in labor over twelve hours. The pains were frequent and active, and the os dilated to about one inch in diameter, very firm and rigid. The old midwife in attendance informed me that no progress had been made in the last six or eight hours. I began the administration of chloral at once, and attended very closely to the case. In about forty minutes the rigidity began to give way, and in one hour more labor was completed. This is only one case, to be sure, but to cite more would only be to repeat the history of this. The distressing after-pains are also modified, and may be further relieved by small doses of paregoric. My plan of giving the chloral is as follows: commence in the first stage with five grains every fifteen minutes until from twenty to thirty grains are taken, more to be given in four or six hours if labor continue and the remedy be indicated, but not to the extent of producing anaesthesia. This amount I have found to be sufficient to produce all the effects I deem desirable. Some practitioners have recommended its use to the extent of inducing anaesthesia; but this I consider unsafe, unnecessary, and injudicious."

**SYPHILITIC PHTHISIS.**—In the *Gazette Hebdom.* Fournier sums up in the following four axioms the conclusions he has reached on this subject: 1. Tertiary syphilis can produce in the lungs lesions which, either locally or by reacting on the general health, simulate pulmonary phthisis. 2. These pulmonary lesions of syphilis are often amenable to specific treatment; however grave and important they may appear, they are far from being always beyond the resources of art. 3. Consequently, when a case of pulmonary lesion presents itself, it is important, unless the existence of tuberculosis be quite certain, to ascertain if the lesion can be traced to syphilis. It is necessary always to bear in mind that syphilis is a possible cause of pulmonary lesions. 4. When syphilis can be suspected to be the cause the primary indication is to prescribe specific treatment, which in similar cases has sometimes been followed by the happiest results. In making a differential diagnosis Fournier relies mainly on the syphilitic lesion being unilateral, circumscribed, and without predilection for the summits of the lungs. It generally affects a portion of the lung not more than a few centimeters

square, constituting a little islet of disease surrounded by healthy lung tissue. When the morbid changes are far advanced in this circumscribed spot the diagnosis of syphilis is pretty safe. The co-existence of a fair degree of health and *embonpoint* with advanced pulmonary changes points to syphilis as the cause of the latter, as does also a slow development of the pulmonary lesion, the general condition remaining good. Of course, a close examination of the entire body for the ordinary symptoms of tuberculosis or syphilis must never be omitted. There is no hereditary transmission of pulmonary syphilis.

**CHLOROFORM.**—Subcutaneous injections of morphine followed directly with inhalations of chloroform are preferred in certain protracted operations, by Prof. Nussbaum, in order to keep up the anæsthetic action longer than usual, which, however, is not so very intense then. Chloroform is exceedingly dangerous in persons of a fatty and whitish degeneration of the muscular fibers of the heart, which may suddenly become paralyzed during the anæsthesia, with rapid death. The lips always look white whenever there is real danger in any case under chloroform. Patients after typhoid fever are sometimes affected with such a sudden paralysis of the heart, even while they walk around, there being the same fatty degeneration. Artificial breathing must always be attempted in any critical case under chloroform, by laying one hand on the sternum and the other on the abdomen, shaking and elevating the thorax alternately with all possible force for quite a while, sometimes even for twenty to thirty minutes. When the lips turn blue the mouth must be forced open by means of forceps, and the tongue seized and held out. Under chloroform the action of the involuntary muscles is increased, while the voluntary ones are paralyzed. The muscular fibers of the bowels and especially of the uterus are stimulated to the highest degree, so that the use of this anæsthetic is rather dangerous in gravidity, as it might occasion premature birth.—*Notes from Nussbaum's Clinic.*

**ATROPIÆ SULPHAS IN ACUTE MYRINGITIS.**—Dr. A. N. Ellis, Assistant Surgeon U. S. A. (*Amer. Jour. of the Medical Sciences*), says: "Having been very familiar with the effects of the active principle of belladonna in painful and troublesome affections of the eye, I was led to use it in acute inflammation of the drum. About one year ago a soldier, standing near a cannon while the piece was being fired, suddenly experienced severe pain in the head accompanied with hemorrhage from the ears. His sufferings were great. I saw him about six hours after the accident occurred. After carefully syringing the ear illumination showed fracture of the malleus and the seat of the hemorrhage. Acute inflammation of the

drum supervened. Placing the patient in bed, a few drops of a solution of sulphate of atropia (four grains to one ounce of water) were dropped into the ears, six leeches were placed directly in front of the meatus, six more upon the mastoid process. The effects were all that could be desired. Since that time I have used the atropia in many cases of myringitis, and in every case with the best results. I am convinced that the prompt use of the remedy, conjoined with that of leeches and perfect rest in the recumbent position, will in almost every case give instant relief, thus arresting perforation of the drum and consequent suppuration."

**TREATMENT OF CARBUNCLE BY SUBCUTANEOUS INCISION.**—Dr. E. Cutter (Boston Journal of Chemistry) gives this treatment: ". . . It appeared, June 16th, as if a space of the size of the palm of one's hand would entirely slough out. At this stage it occurred to me to put to the test the treatment by subcutaneous incisions recommended by a distinguished practitioner of London in 1862. Accordingly the peripheral parts of the swelling were frozen with ether spray and successively punctured with a tenotome, the knife being swept around in nearly a semicircle in each instance, freely dividing the subcutaneous bands that cross the substance of a carbuncle. This operation was painful and bloody. It was attended with an immediate subsidence of the swelling and an improvement in the color of the inflamed skin. It was then poulticed as before. Next day there was a marked improvement in the upper part of the carbuncle. The next day witnessed a marked improvement in the symptoms, and from this time the convalescence was rapid and satisfactory. There was no sloughing of the integument, but a speedy return to the elasticity and feeling of health."

**FISTULA IN ANO.**—Prof. D. Hayes Agnew, in some clinical remarks (Philadelphia Medical Times), makes the following valuable observations: "Very important offices have been attributed to fistulae. They have been thought to be the means of discharging from the system various morbid materials, especially in cases of phthisis pulmonalis. I have never seen any such salutary effect exerted by them in disease of the lungs or in any other disease, and the only question which I ask myself is whether the patient's general health is good enough to warrant the operation. Neither have I ever observed any bad effects follow its performance in cases of pulmonary disease."

**TREATMENT OF CHOREA BY ETHER-SPRAY AND ICE-WATER LOTIONS ALONG THE VERTEBRAL COLUMN.**—Dr. Fabry has brought together in his *Thèse de Paris*, April 16, 1875, No. 107, the cases he saw while in Dr. Perroud's wards at Lyons of the treat-

ment of chorea by ether-spray. This therapeutic means, employed for the first time in 1866 by M. Lubetski, a physician at Warsaw, has yielded very satisfactory results in M. Perroud's hands. The ether-spray is applied along the vertebral column by means of any spray-producers, especially those of Richardson and Marmier. Each application lasts from four to eight minutes; at the commencement of the treatment three applications per diem are made, and the number is then reduced to two. Ice produces the same effect as ether-spray, the effects being produced by moving a piece of ice along the vertebral column for five minutes. These two methods act upon the excito-motor point of the nervous centers by their refrigerant revulsive action.—*London Med. Record.*

**CHLORAL AS AN APPLICATION IN FISSURE OF THE ANUS.**—Dr. Créquy, writing to Dr. Dujardin-Beaumetz corroborating the statements made by the latter as to the great value of chloral (diluted to a twentieth) as an application to all kinds of wounds, adds that he has found it also of the greatest utility in two cases of fissure of the anus. The patient having had a stool a few hours before, either spontaneously or by the aid of an enema, he introduces between the lips of the fissure a small tent of charpie consisting of about twenty fibers, and first soaked in the solution of chloral diluted to a fiftieth. This is left in until discharged during defecation next day. The first and second dressings are very painful, but afterward they become less and less so, so that in a fortnight all pain has disappeared and the fistula has cicatrized.—*Medical Times and Gazette.*

**TREATMENT OF GONORRHEA BY A REVERSED CURRENT OF FLUID.**—Dr. J. Perrot Prince (Medical Times and Gazette) remarks that in using injections, caustic, escharotic, or astringent, the prime difficulty is the almost certainty of the contagious matter being by means of the current of injected fluid deposited at a point in the urethra beyond where it originally existed; or, supposing the canal to have been freed from purulent matter by recent micturition, irritation might be set up. Therefore he recommends the syringe devised to throw the fluid in a reversed direction; that is, toward the meatus.

**LIME-WATER IN INFANTILE ECZEMA.**—A writer in the *Bulletin de Thérapeutique* recommends lime-water in eczema of the head and impetigo of the face in children, especially chronic cases, which have resisted other treatment, and states that a marked improvement is noticeable after using it for eight days. It is to be taken in quantities varying up to half a pint, according to the age of the patient, and to dust the part with carbonate of magnesia; but the latter is only necessary when the secretion is very irritant.

**PYÆMIA.**—After the least surgical operation, such as opening or extirpation of a tumor, cyst, etc., being even as small as a hazel-nut, a purulent infiltration with septicæmia may take place with fatal termination. Professor Nussbaum related a case in his own practice where death ensued within thirty hours after operating on a tumor of the size of a little nut on the back of the patient.—*Ibid.*

**REMEDY FOR CHRONIC HOARSENESS.**—(American Practitioner.) In chronic hoarseness arising from thickening of the vocal cords and adjacent membrane the ammoniated tincture of guaiacum is often a very efficacious remedy. It may be mixed with equal parts of the syrup of senega, and a teaspoonful of the mixture given two or three times daily.

### Miscellany.

—The article upon *Grindelia Robusta* which appeared in our last number was afterward issued in a circular form for advertising purposes. This may subject its author and the editors of this journal to misconstruction. The medicine, of course, is not a proprietary one; but the circular might seem to indicate that it was, as it is the common style of advertising such preparations. We can only say that no one more than ourselves was more painfully surprised at the receipt of the circular in question. We suppose that a journal without copyright has no control over the reproduction of its articles. If necessary, one can, of course, be obtained.

**PHILADELPHIA ACUMEN.**—The Philadelphia Medical Times, in its editorial of February 5th, notes the following: "That professional agitation has failed is signally shown by the annual announcement for 1876 of the Louisville Medical College and of the Kentucky School of Medicine. The dean and leading spirit of the faculties of these institutions is one and the same physician, a member of the American Medical Association, the editor of two journals of reputed respectability—a man, so far as his distant brethren can judge, of excellent and acknowledged professional standing in his state. Yet the session of the Louisville

Medical College begins October 4 and ends in the last week of February, whilst that of the Kentucky School of Medicine commences the 1st of March and ends the 23d of June, openly in order that candidates may graduate and receive a diploma from both schools in nine months from the time they commence their studies. After such an avowal it is with much refreshment that we read, 'As the medical profession justly withdraws its support and confidence from all medical institutions giving more than one graduating course in a year, the Kentucky School of Medicine will give but one graduating course annually, but this will always be given in the spring.' In all earnestness we would ask, how much better is this than the sale of diplomas by some of our Eastern quack institutions? The avowed prostitute is not so much worse than her sister in apartments who maintains an outward respectability. On the whole, it is not wonderful that the dean of these schools should share the indignation of some of his Eastern *confrères* at the dragging of this matter of medical education before the public."

—The following account of treatment of fracture, which we clip from a homeopathic journal, seems to show that the surgeons of that school are also true to the *similia similibus curantur* motto. We must confess that we have sometimes seen gentlemen of the regulars almost as anxious to assist nature in these matters. "I have gradually lessened the interval between the first and second dressing, carefully watching every case, until for the last few years I have dared to remove all the bandages the third day after the first dressing, and to completely redress the fracture at least every other day after that. My dressing has generally consisted in a tight-fitting bandage next to the skin, taking pains to have it fit well and smooth as possible. Then I put in the splint or splints, manufactured with the help of a jack-knife out of a piece of thin board, putting a padding to meet the special indications of the case, and holding these in place by an external bandage. The third day after placing the

limb upon a pillow I remove all the dressings, wash the limb carefully in warm water and soap, and after a few days add to that the use of a reasonably stiff brush, and bathing. After every bath I redress the limb as before, and commence the use of cold shower-baths as soon as practicable, varying from ten to fourteen days after the first dressing, according to the nature of the fracture and the condition of the patient."

—The authorities of the Medical Department of the University of Louisville, upon the 9th day of February, decided to abolish hereafter the requirement of theses from candidates for graduation. We believe this is the first institution which has taken this step, the propriety of which must be apparent to all. Why the fearful and useless bore should have been kept up so long is inexplicable. We understand that one of the other colleges of this city will also abolish this unnecessary exercise, and we doubt not the centennial year will see it pretty well swept out of existence every where in this country. The faculty of the University of Louisville will still offer a prize for the best thesis. This is for the benefit of those who feel "impelled to write." Competition for the prize will be purely voluntary.

—That sometimes it is not only folly but painful to be wise is illustrated by the fact that medical students often imagine themselves to be affected with diseases (especially those of the heart) they happen to be studying. A friend reports that he was recently requested by one of these young gentlemen to make an examination of him. "For what shall I examine you?" said he. "To see if I have not pericarditis or endocarditis of the left ventricle," said the student. "No," said the doctor, upon examination, "you are only a little excited." "But do you not think," said the student, "that undue physiological action is liable to produce pathological changes?" The doctor tried to assure him it would be time enough to cross the bridge when he reached it.

—The Virginia Medical Monthly, of Richmond, will accept our thanks for its exceed-

ingly complimentary notice. It will not, we hope, consider that this had any thing to do with our now saying that it is one of our most valued exchanges. As imitation is the sincerest flattery, we could disprove any such suspicion by pointing to the numerous extracts from its columns we have printed in past numbers among our selections. The Virginia Medical Monthly is edited by Dr. T. B. Edwards; terms, \$3 per annum.

—THE LOUISVILLE MEDICAL NEWS, now grown gray in the journalistic field, is of course in a position to give valuable hints to its exchanges. Our present one is either not to wrap journals at all or to fold them *flatly* before so doing. Many of those which come so carefully rolled up and tightly covered are frequently injured by hastily tearing off the wrapper, anxious as we are to get at the contents. We lost by such an accident one of Heath's lectures (reprinted), for which we would n't have taken half our subscription-list.

—Dr. Lewis Rogers did not believe much in mixing up unnecessary sentiment with scientific matters. The terms "little patient," "little sufferer," etc., which are so often used by some physicians in their reports of cases, annoyed him considerably. Called once to a case of dysentery in a child, the consulting physician observed, "I fear, Doctor, his little bowels are severely affected." "No," said Dr. Rogers, "I am decidedly of the opinion that it is the large bowel which is diseased."

—The Boston Medical and Surgical Journal of February 3d illustrates Dr. W. L. Richardson's article upon "Subacute Cystitis following Parturition" by the admirable method of a clinical chart, showing the daily rise and fall of temperature and pulse-beats by lines and spaces. These charts deserve a more extended use than they are getting. Where the only record of temperature and pulse in an extended case is in the text this becomes simply unintelligible.

—What was John Hunter's house and museum once is now a French restaurant. *Si juvat meminisse.*